

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Arcadio S. Acuna	COURT CASE NUMBER 3:07-5423 VRW
DEFENDANT Lea Ann Chrones et al.	TYPE OF PROCESS Order, Complaint, Summons
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	
SERVE { M. Hunter Former Acting Warden of CSP-LAC	
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
44750 60th St. W, Lancaster, CA 93536	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
Arcadio S. Acuna ID# C-43165 Pelican Bay State Prison C-10-119 P.O. Box 7500 Crescent City, CA 95532	1
	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

UNITED STATES MARSHAL
RECEIVED
NORTHERN DISTRICT OF CALIFORNIA
09 APR - 9 PH 3:22

Signature of Attorney other Originator requesting service on behalf of: <i>Simone Volk</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		4/7/08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 11	District to Serve No. 12	Signature of Authorized USMS Deputy or Clerk <i>R. Jackson</i>	Date 4/7/08
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy		

Service Fee <i>\$8.00</i>	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits <i>0</i>	Amount owed to U.S. Marshal* or (Amount of Refund*) <i>\$0.00</i>
------------------------------	---	----------------	---------------	------------------------------	--

REMARKS: 5/1/08 - mailed summons w/299 form

6/11/08 - Acknowledged Receipt

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service



NOTICE AND ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT BY MAIL
United States District Court
for the
Northern District of California

TO: M. Hunter
California State Prison - LAC
44750 60th Street, West
Lancaster, CA 93536-7620

Civil Action, File Number CV07-05423 VRW

Arcadio S. Acuna

v.

Lea Ann Chrones et al

The enclosed summons and complaint are served pursuant to Rule 4(e)(1) of the Federal Rules of Civil Procedure, and California State law.

You MUST COMPLETE the acknowledgment part of this form below, AND RETURN COPIES 1 AND 2 to the sender within 20 days. An envelope has been enclosed for this purpose. Keep copy 3 for your records.

YOU MUST SIGN AND DATE THE ACKNOWLEDGMENT ON ALL COPIES. If you are served ~~on behalf~~ of a corporation, unincorporated association (including a partnership), or other entity, you must indicate ~~under~~ your signature your relationship to that entity. If you are served on behalf of another person and you are authorized to receive process, you must indicate under your signature your authority.

If you do not complete and return copies 1 and 2 of this form to the sender within 20 days, you (or the party on whose behalf you are being served) may be required to pay any expenses incurred in serving a summons and complaint any other manner permitted by law.

If you do complete and return copies 1 and 2 of this form, you (or the party on whose behalf you are being served) must answer the complaint within 20 days for private defendants and/or 60 days for Federal defendants. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

I declare, under penalty of perjury, that this Notice and Acknowledgment of Receipt of Summons and Complaint By Mail was mailed on this date.

5/1/08
Date of Signature

for Federico Pacheco, U.S. Marshal
Signature (USMS Official) - R. Justus, Clerk

ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT

I declare, under penalty of perjury, that I received a copy of the summons and of the complaint in the above captioned manner at:

455 Golden Gate Ave, Suite 1000
Street Number and Street Name or P.O. Box No.
San Francisco, CA 94107
City, State and Zip Code
Initials of Recipient
Signature

Attorney in Fact
Relationship to Entity/Authority to Receive

6/11/08
Service of Process
6/11/08
Date of Signature

Copy 1 - Clerk of Court
Copy 2 - United States Marshals Service
Copy 3 - Addressee
Copy 4 - USMS District Suspense

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	COURT CASE NUMBER
Arcadio S. Acuna	3:07-5423 VRW 3 AUG -7 PM 3:58
DEFENDANT	TYPE OF PROCESS
Lea Ann Chrones et al.	Order, Complaint, Summons

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT M. Hunter -LAC & CDCR - Former Acting Warden of CSP-LAC
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 9838 Old Placeville Rd., Sacramento, CA 95827

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Arcadio S. Acuna ID# C-43165
 Pelican Bay State Prison C-10-119
 P.O. Box 7500
 Crescent City, CA 95532

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

08 APR -9 PM 3:22
 UNITED STATES MARSHAL
 RECEIVED
 NORTHERN DISTRICT OF CALIFORNIA

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

PLAINTIFF

TELEPHONE NUMBER

DATE

4/7/08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	11	97	<i>F. Jackson</i>	4/16/08

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (*if not shown above*)

A person of suitable age and discretion then residing in defendant's usual place of abode

Address (*complete only different than shown above*)

Date Time
 am
 pm

Signature of U.S. Marshal or Deputy

Service Fee <i>\$8.00</i>	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits <i>0</i>	Amount owed to U.S. Marshal* or (Amount of Refund*) <i>\$0.00</i>
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REMARKS: *6/1/08-mailed summons w/289 form*

6/1/08 - Acknowledged Receipt

PRINT 3 COPIES: 1. CLERK OF THE COURT

PRIOR EDITIONS MAY BE USED

- 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
- 5. ACKNOWLEDGMENT OF RECEIPT

U.S. Department of Justice
United States Marshals Service



NOTICE AND ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT BY MAIL
United States District Court
for the
Northern District of California

TO: M. Hunter
California State Prison - LAC
44750 60th Street, West
Lancaster, CA 93536-7620

Civil Action, File Number CV07-05423 VRW

Arcadio S. Acuna

v.

Lea Ann Chrones et al

The enclosed summons and complaint are served pursuant to Rule 4(e)(1) of the Federal Rules of Civil Procedure, and California State law.

You MUST COMPLETE the acknowledgment part of this form below, AND RETURN COPIES 1 AND 2 to the sender within 20 days. An envelope has been enclosed for this purpose. Keep copy 3 for your records.

YOU MUST SIGN AND DATE THE ACKNOWLEDGMENT ON ALL COPIES. If you are served on behalf of a corporation, unincorporated association (including a partnership), or other entity, you must indicate under your signature your relationship to that entity. If you are served on behalf of another person and you are authorized to receive process, you must indicate under your signature your authority.

If you do not complete and return copies 1 and 2 of this form to the sender within 20 days, you (or the party on whose behalf you are being served) may be required to pay any expenses incurred in serving a summons and complaint in any other manner permitted by law.

If you do complete and return copies 1 and 2 of this form, you (or the party on whose behalf you are being served) must answer the complaint within 20 days for private defendants and/or 60 days for Federal defendants. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

I declare, under penalty of perjury, that this Notice and Acknowledgment of Receipt of Summons and Complaint By Mail was mailed on this date.

5/11/08
Date of Signature

for Federico Pacheco, U.S. Marshal
Signature (USMS Official) R. Foster, Clerk

ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT

I declare, under penalty of perjury, that I received a copy of the summons and of the complaint in the above captioned manner at:

455 Golden Gate Ave, Suite 1000
Street Number and Street Name or P.O. Box No.

Attorney in Fact
Relationship to Entity/Authority to Receive

San Francisco, CA 94107
City, State and Zip Code

6/11/08
Service of Process

6/11/08
Date of Signature

Signature
Copy 1 - Clerk of Court
Copy 2 - United States Marshals Service
Copy 3 - Addressee
Copy 4 - USMS District Suspense

M-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Arcadio S. Acuna	COURT CASE NUMBER 3:07-5423 VRW -7 PH 3:58
DEFENDANT Lea Ann Chrones et al.	TYPE OF PROCESS Order, Complaint, Summons

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

SERVE AT M. Hunter -LAC & CDCR-Former Acting Warden of CSP-LAC
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 CSP-L. A. County 44750 60th Street, West, Lancaster, CA 93536-7620 (Attn. Curtis Carson - Lit. Coordinator)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
Arcadio S. Acuna ID# C-43165 Pelican Bay State Prison C-10-119 P.O.Box 7500 Crescent City, CA 95532	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service:*)

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: SIMONE VOLTZ	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER
	<input type="checkbox"/> DEFENDANT	DATE 4/16/08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 11	District to Serve No. 12	Signature of Authorized USMS Deputy or Clerk <i>R. Dean</i>	Date 4/16/08
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee <i>\$8.00</i>	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits <i>0</i>	Amount owed to U.S. Marshal* or (Amount of Refund*) <i>\$0.00</i>
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REMARKS: *5/1/08- Mailed Summons w/285 Form**6/11/08 Acknowledged Receipt*

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service



NOTICE AND ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT BY MAIL

United States District Court
for the
Northern District of California

TO: M. Hunter
California State Prison - LAC
44750 60th Street, West
Lancaster, CA 93536-7620

Civil Action, File Number CV07-05423 VRW

Arcadio S. Acuna

v.

Lea Ann Chrones et al

The enclosed summons and complaint are served pursuant to Rule 4(e)(1) of the Federal Rules of Civil Procedure, and California State law.

You MUST COMPLETE the acknowledgment part of this form below, AND RETURN COPIES 1 AND 2 to the sender within 20 days. An envelope has been enclosed for this purpose. Keep copy 3 for your records.

YOU MUST SIGN AND DATE THE ACKNOWLEDGMENT ON ALL COPIES. If you are served on behalf of a corporation, unincorporated association (including a partnership), or other entity, you must indicate under your signature your relationship to that entity. If you are served on behalf of another person and you are authorized to receive process, you must indicate under your signature your authority.

If you do not complete and return copies 1 and 2 of this form to the sender within 20 days, you (or the party on whose behalf you are being served) may be required to pay any expenses incurred in serving a summons and complaint in any other manner permitted by law.

If you do complete and return copies 1 and 2 of this form, you (or the party on whose behalf you are being served) must answer the complaint within 20 days for private defendants and/or 60 days for Federal defendants. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

I declare, under penalty of perjury, that this Notice and Acknowledgment of Receipt of Summons and Complaint By Mail was mailed on this date.

5/1/08
Date of Signature

for Federico Pacheco, U.S. Marshal
Signature (USMS Official) - R. Foster, Clerk

ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT

I declare, under penalty of perjury, that I received a copy of the summons and of the complaint in the above captioned manner at:

455 Golden Gate Ave, Suite 1000
Street Number and Street Name or P.O. Box No.
San Francisco, CA 94102
City, State and Zip Code
Char J. A.
Signature

Copy 1 - Clerk of Court
Copy 2 - United States Marshals Service
Copy 3 - Addressee
Copy 4 - USMS District Suspense

Attorney in Fact
Relationship to Entity/Authority to Receive
6/11/08
Service of Process
6/11/08
Date of Signature

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
Arcadio S. Acuna

DEFENDANT
Lea Ann Chrones et al.

COURT CASE NUMBER
3:07-cv-05423-VRW PH 3:57
TYPE OF PROCESS
Order, Complaint, Summons

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
G. Williams - CDCR - Correctional Officer
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
9838 Old Placeville Rd., Sacramento, CA 95827

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Arcadio S. Acuna ID# C-43165
Pelican Bay State Prison C-10-119
P.O. Box 7500
Crescent City, CA 95532

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternative Address, All Telephone Numbers, and Estimated Times Available for Service*):

Fold _____ Fold _____

Signature of Attorney other Originator requesting service on behalf of: <i>Simone Volte</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		4/7/08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 11	District to Serve No. 97	Signature of Authorized USMS Deputy or Clerk <i>R. Jackson</i>	Date 4/16/08
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>If not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
---	--

Address (<i>complete only different than shown above</i>)	Date	Time
		<input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee <i>\$8.00</i>	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits <i>(\$)</i>	Amount owed to U.S. Marshal* or (Amount of Refund*) <i>\$0.00</i>
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REMARKS: *5/1/08 - Mailed w/ 299 Form*

5/14/08 - Acknowledged Receipt

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service



NOTICE AND ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT BY MAIL
 United States District Court
 for the
 Northern District of California

TO: Gary Williams
 California Dept. of Corrections & Rehabilitation
 Office of Correctional Safety
 2880 Sunrise Boulevard, Suite 130
 Rancho, CA 95742

Civil Action, File Number CV07-05423 VRW

Arcadio S. Acuna

v.

Lea Ann Chrones, et al

The enclosed summons and complaint are served pursuant to Rule 4(e)(1) of the Federal Rules of Civil Procedure, and California State law.

You MUST COMPLETE the acknowledgment part of this form below, AND RETURN COPIES 1 AND 2 to the sender within 20 days. An envelope has been enclosed for this purpose. Keep copy 3 for your records.

YOU MUST SIGN AND DATE THE ACKNOWLEDGMENT ON ALL COPIES. If you are served on behalf of a corporation, unincorporated association (including a partnership), or other entity, you must indicate under your signature your relationship to that entity. If you are served on behalf of another person and you are authorized to receive process, you must indicate under your signature your authority.

If you do not complete and return copies 1 and 2 of this form to the sender within 20 days, you (or the party on whose behalf you are being served) may be required to pay any expenses incurred in serving a summons and complaint in any other manner permitted by law.

If you do complete and return copies 1 and 2 of this form, you (or the party on whose behalf you are being served) must answer the complaint within 20 days for private defendants and/or 60 days for Federal defendants. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

I declare, under penalty of perjury, that this Notice and Acknowledgment of Receipt of Summons and Complaint By Mail was mailed on this date.

5/1/08
 Date of Signature

for Federico Rocha, U.S. Marshal
 Signature (USMS Official) F. Rocha, Clerk

ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT

I declare, under penalty of perjury, that I received a copy of the summons and of the complaint in the above captioned manner at:

455 Golden Gate Ave.
 Street Number and Street Name or P.O. Box No.
San Francisco, CA 94102
 City, State and Zip Code
Char. J. E.C.
 Signature

Attorney in fact
 Relationship to Entity/Authority to Receive

5/14/08
 Service of Process
5/14/08
 Date of Signature

Copy 1 - Clerk of Court
 Copy 2 - United States Marshals Service
 Copy 3 - Addressee
 Copy 4 - USMS District Suspense

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Arcadio S. Acuna	COURT CASE NUMBER 3:07-5423 VRW AUG -7 PM 3:57
DEFENDANT Lea Ann Chrones	TYPE OF PROCESS Order, Complaint, Summons

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Gary Williams CDCR-Correctional Officer
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
CDCR-Office of Correctional Safety 2880 Sunrise Blvd., Ste 130, Rancho Cordova, CA 95742 (attn. Everett Fischer)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	1
Arcadio S. Acuna ID# C-43165 Pelican Bay State Prison C-10-119 P.O.Box 7500 Crescent City, CA 95532	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

RECEIVED
03 APR 16 PM 4:
NORTHERN DISTRICT OF CALIFORNIA
UNITED STATES MARSHAL

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<i>Simone Nove</i>	<input type="checkbox"/> DEFENDANT		APR 06/08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin No. 11	District to Serve No. 91	Signature of Authorized USMS Deputy or Clerk	Date 4/29/08
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
---	--

Address (<i>complete only different than shown above</i>)	Date	Time
		<input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee <i>\$8.00</i>	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits <i>0</i>	Amount owed to U.S. Marshal* or (Amount of Refund*) <i>\$0.00</i>
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REMARKS: *3/1/08- Mailed summons w/299 Form*

5/14/08 - Acknowledged Receipt

PRINT 5 COPIES: 1. CLERK OF THE COURT

2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80

Automated 01/00



U.S. Department of Justice
United States Marshals Service

NOTICE AND ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT BY MAIL

United States District Court
for the
Northern District of California

TO: Gary Williams
California Dept. of Corrections & Rehabilitation
Office of Correctional Safety
2880 Sunrise Boulevard, Suite 130
Rancho, CA 95742

Civil Action, File Number CV07-05423 VRW

Arcadio S. Acuna

v.

Lea Ann Chrones, et al

The enclosed summons and complaint are served pursuant to Rule 4(e)(1) of the Federal Rules of Civil Procedure, and California State law.

You MUST COMPLETE the acknowledgment part of this form below, AND RETURN COPIES 1 AND 2 to the sender within 20 days. An envelope has been enclosed for this purpose. Keep copy 3 for your records.

YOU MUST SIGN AND DATE THE ACKNOWLEDGMENT ON ALL COPIES. If you are served on behalf of a corporation, unincorporated association (including a partnership), or other entity, you must indicate under your signature your relationship to that entity. If you are served on behalf of another person and you are authorized to receive process, you must indicate under your signature your authority.

If you do not complete and return copies 1 and 2 of this form to the sender within 20 days, you (or the party on whose behalf you are being served) may be required to pay any expenses incurred in serving a summons and complaint in any other manner permitted by law.

If you do complete and return copies 1 and 2 of this form, you (or the party on whose behalf you are being served) must answer the complaint within 20 days for private defendants and/or 60 days for Federal defendants. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

I declare, under penalty of perjury, that this Notice and Acknowledgment of Receipt of Summons and Complaint By Mail was mailed on this date.

5/1/08
Date of Signature

for Federico Ricks, U.S. Marshal
Signature (USMS Official) F. Ricks, Clerk

ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT

I declare, under penalty of perjury, that I received a copy of the summons and of the complaint in the above captioned manner at:

455 Golden Gate Ave
Street Number and Street Name or P.O. Box No.
San Francisco, CA 94102
City, State and Zip Code
Cloud J. OR
Signature

Attorney in Fact
Relationship to Entity/Authority to Receive

5/14/08
Service of Process
5/14/08
Date of Signature

Copy 1 - Clerk of Court
Copy 2 - United States Marshals Service
Copy 3 - Addressee
Copy 4 - USMS District Suspense

**U.S. Department of Justice
United States Marshals Service**

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Arcadio S. Acuna	COURT CASE NUMBER 3:07-5423 VRW
DEFENDANT Lea Ann Chrones	TYPE OF PROCESS Order, Complaint, Summons

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Everett Fischer CDCR-Correctional Officer
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
CDCR-Office of Correctional Safety 2880 Sunrise Blvd., Ste 130, Rancho Cordova, CA 95742 (attn. Everett Fischer)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
Arcadio S. Acuna ID# C-43165 Pelican Bay State Prison C-10-119 P.O.Box 7500 Crescent City, CA 95532	1
	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

RECEIVED
UNITED STATES MARSHAL

08 APR 16 PM 4:13
NORTHERN DISTRICT OF CALIFORNIA

Signature of Attorney other Originator requesting service on behalf of: <i>Shane Volk</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		4/16/08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 11	District to Serve No. 97	Signature of Authorized USMS Deputy or Clerk <i>R. Doe</i>	Date 4/16/08
---	--------------------	------------------------------	-----------------------------	---	-----------------

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee <i>\$8.00</i>	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits <i>\$</i>	Amount owed to U.S. Marshal* or (Amount of Refund*) <i>\$0.00</i>
------------------------------	--	----------------	---------------	-------------------------------	--

REMARKS: *3/16/08 - Mailed summons w/299 form*

3/14/08 - Acknowledged Receipt

PRINT 5 COPIES:	1. CLERK OF THE COURT 2. USMS RECORD 3. NOTICE OF SERVICE 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT	PRIOR EDITIONS MAY BE USED
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**U.S. Department of Justice
United States Marshals Service**



NOTICE AND ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT BY MAIL
 United States District Court
 for the
 Northern District of California

TO: Everett W. Fisher
 California Dept. of Corrections & Rehabilitation
 Office of Correctional Safety
 2880 Sunrise Boulevard, Suite 130
 Rancho, CA 95742

Civil Action, File Number CV07-05423 VRW

Arcadio S. Acuna

v.

Lea Ann Chrones, et al

RECEIVED
UNITED STATES MARSHALS
NORTHERN DISTRICT OF CALIFORNIA
68 MAIL BOX :
2008

The enclosed summons and complaint are served pursuant to Rule 4(e)(1) of the Federal Rules of Civil Procedure, and California State law.

You MUST COMPLETE the acknowledgment part of this form below, AND RETURN COPIES 1 AND 2 to the sender within 20 days. An envelope has been enclosed for this purpose. Keep copy 3 for your records.

YOU MUST SIGN AND DATE THE ACKNOWLEDGMENT ON ALL COPIES. If you are served on behalf of a corporation, unincorporated association (including a partnership), or other entity, you must indicate under your signature your relationship to that entity. If you are served on behalf of another person and you are authorized to receive process, you must indicate under your signature your authority.

If you do not complete and return copies 1 and 2 of this form to the sender within 20 days, you (or the party on whose behalf you are being served) may be required to pay any expenses incurred in serving a summons and complaint in any other manner permitted by law.

If you do complete and return copies 1 and 2 of this form, you (or the party on whose behalf you are being served) must answer the complaint within 20 days for private defendants and/or 60 days for Federal defendants. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

I declare, under penalty of perjury, that this Notice and Acknowledgment of Receipt of Summons and Complaint By Mail was mailed on this date.

5/1/08
 Date of Signature

for Federico Rocha, U.S. Marshal
 Signature (USMS Official) - R. Jordan Clark

ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT

I declare, under penalty of perjury, that I received a copy of the summons and of the complaint in the above captioned manner at:

455 Golden Gate Ave
 Street Number and Street Name or P.O. Box No.
San Francisco, CA 94102
 City, State and Zip Code
Charlize
 Signature

Attorney in Fact
 Relationship to Entity/Authority to Receive

5/14/08
 Service of Process
5/14/08
 Date of Signature

Copy 1 - Clerk of Court
 Copy 2 - United States Marshals Service
 Copy 3 - Addressee
 Copy 4 - USMS District Suspense

**U.S. Department of Justice
United States Marshals Service**

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Arcadio S. Acuna	COURT CASE NUMBER 3:07-5423 VRW <i>FILED</i>
DEFENDANT Lea Ann Chrones et al.	TYPE OF PROCESS Order, Complaint, Summons <i>OC/UG - 7 PM 3:57</i>
SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN AT Everett W. Fisher - CDCR - Correctional Officer ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 9838 Old Placeville Rd. , Sacramento, CA 95827	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
Arcadio S. Acuna ID# C-43165 Pelican Bay State Prison C-10-119 P.O. Box 7500 Crescent City, CA 95532	
Number of process to be served with this Form 285 Number of parties to be served in this case Check for service on U.S.A.	

REG. MPR - 9 PH 3:23
NORTHERN DISTRICT OF CALIFORNIA
UNITED STATES MARSHAL

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: <i>Simone Volk</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		4/7/08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process <u>1</u>	District of Origin No. <u>11</u>	District to Serve No. <u>99</u>	Signature of Authorized USMS Deputy or Clerk <i>R. Justine</i>	Date <u>4/16/08</u>
--	---------------------------	-------------------------------------	------------------------------------	---	------------------------

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode <input type="checkbox"/> am <input type="checkbox"/> pm	
Address (complete only different than shown above)	Date	Time
	Signature of U.S. Marshal or Deputy	

Service Fee <i>\$8.00</i>	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits <i>\$5</i>	Amount owed to U.S. Marshal* or (Amount of Refund*) <i>\$0.00</i>
------------------------------	---	----------------	---------------	--------------------------------	--

REMARKS *5/1/08 mailed summons w/288 form*

5/14/08 - Acknowledged Receipt

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service



NOTICE AND ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT BY MAIL
 United States District Court
 for the
 Northern District of California

TO: Everett W. Fisher
 California Dept. of Corrections & Rehabilitation
 Office of Correctional Safety
 2880 Sunrise Boulevard, Suite 130
 Rancho, CA 95742

Civil Action, File Number CV07-05423-VRW

Arcadio S. Acosta

v.
 Lea Ann Chrones, et al

RECEIVED
UNITED STATES MARSHALS SERVICE
NORTHERN DISTRICT OF CALIFORNIA

The enclosed summons and complaint are served pursuant to Rule 4(e)(1) of the Federal Rules of Civil Procedure, and California State law.

You **MUST COMPLETE** the acknowledgment part of this form below, **AND RETURN COPIES 1 AND 2** to the sender within 20 days. An envelope has been enclosed for this purpose. Keep copy 3 for your records.

YOU MUST SIGN AND DATE THE ACKNOWLEDGMENT ON ALL COPIES. If you are served on behalf of a corporation, unincorporated association (including a partnership), or other entity, you must indicate under your signature your relationship to that entity. If you are served on behalf of another person and you are authorized to receive process, you must indicate under your signature your authority.

If you do not complete and return copies 1 and 2 of this form to the sender within 20 days, you (or the party on whose behalf you are being served) may be required to pay any expenses incurred in serving a summons and complaint in any other manner permitted by law.

If you do complete and return copies 1 and 2 of this form, you (or the party on whose behalf you are being served) must answer the complaint within 20 days for private defendants and/or 60 days for Federal defendants. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

I declare, under penalty of perjury, that this Notice and Acknowledgment of Receipt of Summons and Complaint By Mail was mailed on this date.

5/1/08

Date of Signature

for Federice Rocks, U.S. Marshal
Signature (USMS Official) R. Jacobs, Clerk

ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT

I declare, under penalty of perjury, that I received a copy of the summons and of the complaint in the above captioned manner at:

455 Golden Gate Ave
Street Number and Street Name or P.O. Box No.
San Francisco, CA 94102
City, State and Zip Code
Charl J. ER
Signature

Attorney in Fact
Relationship to Entity/Authority to Receive

5/14/08
Service of Process
5/14/08
Date of Signature

Copy 1 - Clerk of Court
 Copy 2 - United States Marshals Service
 Copy 3 - Addressee
 Copy 4 - USMS District Suspense

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF

Arcadio S. Acuna

08 APR 9 PM 3:2

COURT CASE NUMBER
3:07-5423 VRW

DEFENDANT

Lea Ann Chrones et al.

TYPE OF PROCESS:

U.S. DISTRICT COURT
Order, Complaint, Summons

SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

AT D. Hawke - CDCR - Correctional Officer

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

9838 Old Placeville Rd., Sacramento, CA 95827

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Arcadio S. Acuna ID# C-43165
Pelican Bay State Prison C-10-119
P.O. Box 7500
Crescent City, CA 95532

Number of process to be served with this Form 28

Number of parties to be served in this case

Check for service on U.S.A.

UNITED STATES MARSHAL

RECEIVED

NORTHERN DISTRICT OF CALIFORNIA

APR 9 PM 3:2

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: <i>Simone V. B.</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		4/7/08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process <i>1</i>	District of Origin <i>No. 11</i>	District to Serve <i>No. 97</i>	Signature of Authorized USMS Deputy or Clerk <i>R. J. Donato</i>	Date <i>4/4/08</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (*See remarks below*)

Name and title of individual served (<i>if not shown above</i>)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
---	--

Address (<i>complete only different than shown above</i>)	Date	Time	<input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy		

Service Fee <i>8</i>	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits <i>10</i>	Amount owed to U.S. Marshal* or (Amount of Refund*) <i>\$0.00</i>
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REMARKS: *5/14/08 - Mailed summons w/ process*

5/14/08 - Acknowledged Receipt

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED



U.S. Department of Justice
United States Marshals Service

NOTICE AND ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT BY MAIL

United States District Court
for the
Northern District of California

TO: Devan Hawkes
California Dept. of Corrections & Rehabilitation
Office of Correctional Safety
2880 Sunrise Boulevard, Suite 130
Rancho, CA 95742

Civil Action, File Number CV07-05423 VRW

Arcadio S. Acuna

v.
Lea Ann Chronos et al.

MAY 13 AM : 12
RECEIVED
UNITED STATES MARSHALS SERVICE
NORTHERN DISTRICT OF CALIFORNIA

The enclosed summons and complaint are served pursuant to Rule 4(e)(1) of the Federal Rules of Civil Procedure and California State law.

You MUST COMPLETE the acknowledgment part of this form below, AND RETURN COPIES 1 AND 2 to the sender within 20 days. An envelope has been enclosed for this purpose. Keep copy 3 for your records.

YOU MUST SIGN AND DATE THE ACKNOWLEDGMENT ON ALL COPIES. If you are served on behalf of a corporation, unincorporated association (including a partnership), or other entity, you must indicate under your signature your relationship to that entity. If you are served on behalf of another person and you are authorized to receive process, you must indicate under your signature your authority.

If you do not complete and return copies 1 and 2 of this form to the sender within 20 days, you (or the party on whose behalf you are being served) may be required to pay any expenses incurred in serving a summons and complaint in any other manner permitted by law.

If you do complete and return copies 1 and 2 of this form, you (or the party on whose behalf you are being served) must answer the complaint within 20 days for private defendants and/or 60 days for Federal defendants. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

I declare, under penalty of perjury, that this Notice and Acknowledgment of Receipt of Summons and Complaint By Mail was mailed on this date.

5/1/08

Date of Signature

for Federico Rocks, U.S. Marshal
Signature (USMS Official) R. Johnson Clerk

ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT

I declare, under penalty of perjury, that I received a copy of the summons and of the complaint in the above captioned manner at:

455 Golden Gate Ave
Street Number and Street Name or P.O. Box No.
San Francisco, CA 94102
City, State and Zip Code
Chad J. Hill
Signature

Attorney in Fact
Relationship to Entity/Authority to Receive
5/14/08
Service of Process
5/14/08
Date of Signature

Copy 1 - Clerk of Court
Copy 2 - United States Marshals Service
Copy 3 - Addressee
Copy 4 - USMS District Suspense

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
Arcadio S. Acuna
DEFENDANT
Lea Ann Chrones

COURT CASE NUMBER
3:07-5423-VRW AUG - 7 PM 3:57
TYPE OF PROCESS
Order, Complaint, Summons

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
D. Hawke CDCR-Correctional Officer
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
CDCR-Office of Correctional Safety 2880 Sunrise Blvd., Ste 130, Rancho Cordova, CA 95742 (attn. Everett Fischer)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Arcadio S. Acuna ID# C-43165 Pelican Bay State Prison C-10-119 P.O.Box 7500 Crescent City, CA 95532	Number of process to be served with this Form 285	1
	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):Fold

Full name could be Devan Hawke

RECEIVED
U.S. DISTRICT COURT
OF CALIFORNIA
FEB 16 PM 4:
MAY 2008
RECEIVED
U.S. DISTRICT COURT
OF CALIFORNIA
FEB 16 PM 4:
MAY 2008

Signature of Attorney other than Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<i>R. Jachon</i>	<input type="checkbox"/> DEFENDANT		4/16/08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <u>11</u>	District to Serve No. <u>91</u>	Signature of Authorized USMS Deputy or Clerk <i>R. Jachon</i>	Date <u>4/21/08</u>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
--	--

Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee <u>\$800</u>	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits <u>\$</u>	Amount owed to U.S. Marshal* or (Amount of Refund*) <u>\$0.00</u>
-----------------------------	---	----------------	---------------	-------------------------------	--

REMARKS: 3/1/08 - Mailed summons w/ \$800 deposit

5/1/08 - Acknowledged Receipt

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service



NOTICE AND ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT BY MAIL
 United States District Court
 for the
 Northern District of California

TO: D. Hawke
 California Dept. of Corrections & Rehabilitation
 Office of Correctional Safety
 2880 Sunrise Boulevard, Suite 130
 Rancho, CA 95742

Civil Action, File Number CV07-05423 VRW

Arcadio S. Acuna

v.

Lea Ann Chrones, et al

The enclosed summons and complaint are served pursuant to Rule 4(e)(1) of the Federal Rules of Civil Procedure, and California State law.

You MUST COMPLETE the acknowledgment part of this form below, AND RETURN COPIES 1 AND 2 to the sender within 20 days. An envelope has been enclosed for this purpose. Keep copy 3 for your records.

YOU MUST SIGN AND DATE THE ACKNOWLEDGMENT ON ALL COPIES. If you are served on behalf of a corporation, unincorporated association (including a partnership), or other entity, you must indicate under your signature your relationship to that entity. If you are served on behalf of another person and you are authorized to receive process, you must indicate under your signature your authority.

If you do not complete and return copies 1 and 2 of this form to the sender within 20 days, you (or the party on whose behalf you are being served) may be required to pay any expenses incurred in serving a summons and complaint in any other manner permitted by law.

If you do complete and return copies 1 and 2 of this form, you (or the party on whose behalf you are being served) must answer the complaint within 20 days for private defendants and/or 60 days for Federal defendants. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

I declare, under penalty of perjury, that this Notice and Acknowledgment of Receipt of Summons and Complaint By Mail was mailed on this date.

5/1/08
 Date of Signature

For Felicia Robb, U.S. Marshal
 Signature (USMS Official) *- R. Jordon, Clerk*

ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT

I declare, under penalty of perjury, that I received a copy of the summons and of the complaint in the above captioned manner at:

455 Golden Gate Ave.
 Street Number and Street Name or P.O. Box No.
San Francisco, CA 94102
 City, State and Zip Code
Chad J.C.
 Signature

Attorney in Fact
 Relationship to Entity/Authority to Receive

5/14/08
 Service of Process
5/14/08
 Date of Signature

Copy 1 - Clerk of Court
 Copy 2 - United States Marshals Service
 Copy 3 - Addressee
 Copy 4 - USMS District Suspense

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Arcadio S. Acuna	COURT CASE NUMBER 3:07-5423 VRW
DEFENDANT Lea Ann Chrones	08 AUG 7/14/08 3:37 TYPE OF PROCESS Order, Complaint, Summons

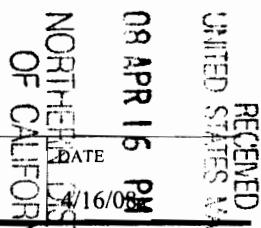
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN William Luger CDCR-Correctional Officer ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) CDCR-Office of Correctional Safety 2880 Sunrise Blvd., Ste 130, Rancho Cordova, CA 95742 (attn. Everett Fischer)	
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SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	1
Arcadio S. Acuna ID# C-43165 Pelican Bay State Prison C-10-119 P.O.Box 7500 Crescent City, CA 95532	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

Fold



Signature of Attorney other than Originator requesting service on behalf of: <i>Simone</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER
	<input type="checkbox"/> DEFENDANT	

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	No. 11	No. 97	<i>R. Jones</i>	4/21/08

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time
	<input type="checkbox"/>	<input type="checkbox"/> am
	<input type="checkbox"/>	<input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee <i>\$8.00</i>	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits <i>\$0</i>	Amount owed to U.S. Marshal* or (Amount of Refund*)
					\$0.00

REMARKS: *pl/1/08- Mailed summons w/299 form*
5/14/08- Acknowledged Receipt

PRINT 5 COPIES: 1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service



NOTICE AND ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT BY MAIL

United States District Court
for the
Northern District of California

TO: William Luper
California Dept. of Corrections & Rehabilitation
Office of Correctional Safety
2880 Sunrise Boulevard, Suite 130
Rancho, CA 95742

Civil Action, File Number CV07-05423 VRW

Arcadio S. Acuna

v.

Lea Ann Chrones, et al

The enclosed summons and complaint are served pursuant to Rule 4(e)(1) of the Federal Rules of Civil Procedure, and California State law.

You MUST COMPLETE the acknowledgment part of this form below, AND RETURN COPIES 1 AND 2 to the sender within 20 days. An envelope has been enclosed for this purpose. Keep copy 3 for your records.

YOU MUST SIGN AND DATE THE ACKNOWLEDGMENT ON ALL COPIES. If you are served on behalf of a corporation, unincorporated association (including a partnership), or other entity, you must indicate under your signature your relationship to that entity. If you are served on behalf of another person and you are authorized to receive process, you must indicate under your signature your authority.

If you do not complete and return copies 1 and 2 of this form to the sender within 20 days, you (or the party on whose behalf you are being served) may be required to pay any expenses incurred in serving a summons and complaint in any other manner permitted by law.

If you do complete and return copies 1 and 2 of this form, you (or the party on whose behalf you are being served) must answer the complaint within 20 days for private defendants and/or 60 days for Federal defendants. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

I declare, under penalty of perjury, that this Notice and Acknowledgment of Receipt of Summons and Complaint By Mail was mailed on this date.

5/1/08

Date of Signature

for Federico Roche, U.S. Marshal
Signature (USMS Official) R. Federico Roche, Esq.

ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT

I declare, under penalty of perjury, that I received a copy of the summons and of the complaint in the above captioned manner at:

455 Golden Gate Ave
Street Number and Street Name or P.O. Box No.

San Francisco, CA 94102
City, State and Zip Code

Chad J. Clark
Signature

Copy 1 - Clerk of Court
Copy 2 - United States Marshals Service
Copy 3 - Addressee
Copy 4 - USMS District Suspense

Attorney in Fact
Relationship to Entity/Authority to Receive

5/14/08
Service of Process

5/14/08
Date of Signature

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
Arcadio S. Acuna
DEFENDANT
Lea Ann Chrones

COURT CASE NUMBER
3:07-5423 VRW
TYPE OF PROCESS
Order, Complaint, Summons

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT M. Ruff CDCR-Correctional Officer
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
CDCR-Office of Correctional Safety 2880 Sunrise Blvd., Ste 130, Rancho Cordova, CA 95742 (attn. Everett Fischer)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
Arcadio S. Acuna ID# C-43165 Pelican Bay State Prison C-10-119 P.O.Box 7500 Crescent City, CA 95532	1
	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Full name could be Michael Ruff

RECEIVED
UNITED STATES MARSHAL

APR 16 2008 PM 4:12
NORTHERN DISTRICT OF CALIFORNIA

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<i>Spouse</i>	<input type="checkbox"/> DEFENDANT		4/16/08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <i>1</i>	District of Origin No. <i>11</i>	District to Serve No. <i>11</i>	Signature of Authorized USMS Deputy or Clerk <i>R. J. Jones</i>	Date <i>4/16/08</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date <input type="checkbox"/> am <input type="checkbox"/> pm Signature of U.S. Marshal or Deputy

Service Fee <i>\$8.00</i>	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits <i>0</i>	Amount owed to U.S. Marshal* or (Amount of Refund*) <i>\$0.00</i>
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REMARKS: *5/1/08 - Mailed Summons w/281 Form*

5/14/08 - Acknowledged Receipt

PRINT 5 COPIES: 1. CLERK OF THE COURT

2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED